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# **Client Data Set**

## **Dictionary / Submission Guide**

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# Client Data Conventions

## Field Types

1. Numeric Must contain only numeric characters 0-9
2. Alpha/Numeric Can contain both letters and numbers (letters should always be in upper case)  
No special characters like dash, slash, or commas unless specifically authorized.

## Field Formats

1. # - numeric digit
2. X - any character (letters and numbers allowed, letters in upper case only)
3. YYYYMMDD - numeric date field in the form:  
YYYY - four digit year  
MM - two digit month  
DD - two digit day

Note: Dates should contain only numeric characters. Do not enter date separators, such as "/" or "-" in these fields.

## Standard Codes

Standard coding methodology is used throughout the data set whenever possible. Some examples are as follows:

1. For fields requiring a "Yes" or "No", the codes are:  
0 No  
1 Yes
2. Codes for Unknown/Not Collected are dependent on field length, and always end in "8". Those fields which have Unknown/Not Collected as valid codes use the coding convention below:

<u>Code</u>	<u>Field Length</u>
8	1
98	2
998	3
etc.	

Please note that Unknown/Not collected may count against the Completeness Standard of a file.

3. Codes for "Other" are also field length specific, but always end in "9".

<u>Code</u>	<u>Field Length</u>
9	1
99	2
999	3
etc.	

## Historical Client Guidelines & Data Submission Procedure

The client dataset information is now be retained relative to individual months and years; i.e., the dataset will now capture 12 months worth of client data per fiscal year.

This will allow us to effectively track changes in client dataset information. Also, events and client service information will be more closely tied to accurate and timely information that will represent a “true” picture of the information submitted.

~~The new historical client information will require no change on the, unless you want to remove a client. The client dataset will still be sent in with all the applicable fields maintained. The dataset will now be stored with Month and Year information, creating a unique client record per month the new data storage method will affect resubmissions. Since the data will no longer be overwriting the previous month's data we must provide a way to delete erroneous records previously submitted.~~

There are two possible resubmission methods for the client dataset:

1. Resubmission of the complete client data file, with data file names ending in CS or CR.
2. Use the deletion method for record(s) in error, for a particular submission month. The user shall provide a new code in **field number 7, Provider Identifier**, to signal that the record is to be removed from that month's dataset:

**Field Number:** 7

**Field Name:** Provider Identifier

**Code:** “Delete”

**Type:** Alpha

**Length:** 6

All of the records to be deleted in a month need to be included in a “CX” file with the following naming convention: <region number><month><year>CX.DAT.

~~Corrections: Several programs now search all 12 months of a client's records to see if the client fits within a specific Target Population. Therefore, if a client record has an inaccurate field (even if it is inaccurate in only one month's data), it needs to be corrected. This correction file will be named with the region, month, and year of the record to be corrected, plus “CC.DAT”.~~

~~NOTE: All clients who have received a service during the Fiscal Year MUST be submitted every month after the month of service, even if they do not receive subsequent services.~~

~~NOTE: The Update Frequency for Client fields in the Guide has been changed to indicate that fields “Must be reviewed annually or whenever there is an indication that the status has changed.”~~

~~7/1/2003 UPDATE: The following fields have been removed from consideration beginning with the Fiscal Year 2004 data. You may continue to submit the information, but no errors will be reported against them:~~

~~Field 16 - Income~~

~~Field 20 - Family Size~~

~~Field 47 - Client 2 Description~~

~~Field 55 - Clozapine or Clozaril~~

~~Field 57 - Disposition at Termination~~

## Client Input Data Set File Layout

Field Number	Data Element Name	Field Type	Field Length	Field Start	Field End	Format
1	<a href="#">System Reporting Date</a>	Numeric	8	1	8	YYYYMMDD
2	<a href="#">Region Number</a>	Numeric	2	9	10	##
3	<a href="#">Client ID</a>	Alpha/Numeric	9	11	19	#####
4	<a href="#">Date of Birth</a>	Numeric	8	20	27	YYYYMMDD
5	<a href="#">Sex</a>	Numeric	1	28	28	#
6	<a href="#">Client Status Code</a>	Numeric	1	29	29	#
7	<a href="#">Provider Identifier</a>	Alpha/Numeric	6	30	35	XXXXXX
8	<a href="#">Initial Contact Date</a>	Numeric	8	36	43	YYYYMMDD
9	<a href="#">Admission Date</a>	Numeric	8	44	51	YYYYMMDD
10	<a href="#">Race</a>	Numeric	1	52	52	#
11	<a href="#">Hispanic Origin</a>	Numeric	1	53	53	#
12	<a href="#">Education</a>	Numeric	2	54	55	##
13	<a href="#">Veteran Status</a>	Numeric	1	56	56	#
14	<a href="#">Marital/Relational Status</a>	Numeric	1	57	57	#
15	<a href="#">Employment Status</a>	Numeric	2	58	59	##
16	<a href="#">Income</a> N/A	Numeric	6	60	65	#####
17	<a href="#">SSI or SSDI</a>	Numeric	1	66	66	#
18	<a href="#">Primary Source of Income/Support</a>	Numeric	1	67	67	##
19	<a href="#">Living Arrangements</a>	Numeric	2	68	69	##
20	<a href="#">Family Size</a> N/A	Numeric	2	70	71	##
21	<a href="#">County of Residence</a>	Numeric	3	72	74	###
22	<a href="#">Source of Referral - Primary</a>	Numeric	2	75	76	##
23	<a href="#">Source of Referral - Secondary</a>	Numeric	2	77	78	##
24	<a href="#">DSS Involvement</a>	Numeric	1	79	79	#
25	<a href="#">Axis I Diagnosis</a>	Alpha/Numeric	6	80	85	XXX.XX
26	<a href="#">Axis I Diagnosis</a>	Alpha/Numeric	6	86	91	XXX.XX
27	<a href="#">Axis I Diagnosis</a>	Alpha/Numeric	6	92	97	XXX.XX
28	<a href="#">Axis I Diagnosis</a>	Alpha/Numeric	6	98	103	XXX.XX
29	<a href="#">Axis I Diagnosis</a>	Alpha/Numeric	6	104	109	XXX.XX
30	<a href="#">Axis I Diagnosis</a>	Alpha/Numeric	6	110	115	XXX.XX
31	<a href="#">Axis II Diagnosis</a>	Alpha/Numeric	6	116	121	XXX.XX
32	<a href="#">Axis II Diagnosis</a>	Alpha/Numeric	6	122	127	XXX.XX
33	<a href="#">Axis II Diagnosis</a>	Alpha/Numeric	6	128	133	XXX.XX
34	<a href="#">Axis II Diagnosis</a>	Alpha/Numeric	6	134	139	XXX.XX
35	<a href="#">Axis III Diagnosis</a>	Alpha/Numeric	6	140	145	XXX.XX
36	<a href="#">Axis III Diagnosis</a>	Alpha/Numeric	6	146	151	XXX.XX
37	<a href="#">Axis III Diagnosis</a>	Alpha/Numeric	6	152	157	XXX.XX
38	<a href="#">Axis III Diagnosis</a>	Alpha/Numeric	6	158	163	XXX.XX
39	<a href="#">Primary Diagnosis Indicator</a>	Numeric	6	164	169	XXX.XX
40	<a href="#">Severe Mental Illness (SMI or CMI)</a>	Numeric	1	170	170	#
41	<a href="#">Severe Emotional Disability (SED)</a>	Numeric	1	171	171	#
42	<a href="#">Methadone</a>	Numeric	1	172	172	#
43	<a href="#">IV Drug User</a>	Numeric	1	173	173	#
44	<a href="#">Co-Dependent/Collateral</a>	Numeric	1	174	174	#
45	<a href="#">DUI Conviction</a>	Numeric	1	175	175	#
46	<a href="#">Developmental Disability/Developmental Delay</a>	Numeric	1	176	176	#
47	<a href="#">Client 2 Description</a> N/A	Numeric	1	177	177	#

Field Number	Data Element Name	Field Type	Field Length	Field Start	Field End	Format
48	<a href="#">Victim of Rape/Sexual Assault/Sexual Abuse</a>	Numeric	1	178	178	#
49	<a href="#">Victim of Domestic Abuse</a>	Numeric	1	179	179	#
50	<a href="#">Perpetrator of Rape/Sexual Assault/Sexual Abuse</a>	Numeric	1	180	180	#
51	<a href="#">Perpetrator of Domestic Abuse</a>	Numeric	1	181	181	#
52	<a href="#">Pregnant Women</a>	Numeric	1	182	182	#
53	<a href="#">Pregnant Women - Due Date</a>	Numeric	6	183	188	YYYYMM
54	<a href="#">Women with Dependent Children</a>	Numeric	1	189	189	#
55	<a href="#">Clozapine or Clozaril</a> N/A	Numeric	1	190	190	#
56	<a href="#">Substance Abuse Prior Episode</a>	Numeric	1	191	191	#
57	<a href="#">Disposition at Termination</a> N/A	Numeric	1	192	192	#
58	<a href="#">Drug Type Code, Primary at Admission</a>	Numeric	4	193	196	####
59	<a href="#">Frequency of Use - Primary (Admission)</a>	Numeric	1	197	197	#
60	<a href="#">Route of Administration - Primary</a>	Numeric	1	198	198	#
61	<a href="#">Age of First Use or Alcohol Intoxication - Primary</a>	Numeric	2	199	200	##
62	<a href="#">Drug Type Code, Secondary at Admission</a>	Numeric	4	201	204	####
63	<a href="#">Frequency of Use - Secondary (Admission)</a>	Numeric	1	205	205	#
64	<a href="#">Route of Administration - Secondary</a>	Numeric	1	206	206	#
65	<a href="#">Age of First Use or Alcohol Intoxication - Secondary</a>	Numeric	2	207	208	##
66	<a href="#">Drug Type Code, Tertiary at Admission</a>	Numeric	4	209	212	####
67	<a href="#">Frequency of Use - Tertiary (Admission)</a>	Numeric	1	213	213	#
68	<a href="#">Route of Administration - Tertiary</a>	Numeric	1	214	214	#
69	<a href="#">Age of First Use or Alcohol Intoxication - Tertiary</a>	Numeric	2	215	216	##
70	<a href="#">Deaf and Hard of Hearing</a>	Numeric	1	217	217	#
71	<a href="#">Acquired or Traumatic Brain Injury</a>	Numeric	1	218	218	#
72	<a href="#">Homeless Indicator</a>	Numeric	1	219	219	#

N/A – fields no longer edited or considered

## Client Data Set File Layout

Field Nbr	Field Name * = Key field	Type size	Edits	Errors	Incomplete Criteria
01	System Reporting Date	date	From input file, must match valid code	F	
01a	* Month	num 2	From input file ID, must match valid code	F	
01b	* Year	num 4	From input file ID, must match valid code	F	
02	* Region Number	char 2	From input file ID, must match valid code	F	
03	* Client ID	char 9	Must be 9 char	F	
04	Date of Birth	date	Before today, before System Reporting date, within 150 years or General error else set to NULL; over 100 years, Possible error	G/P A	
05	Sex	char 1	Must be "1" (Male), "2" (Female), "8" (Not collected) else set to "8"	G A	
06	Client Status Code	char 1	Must be "1", "2" or "3"	F	
07	Provider Identifier	char 6	Must match Providers Table else set to "999998"	G A	
08	Initial Contact Date	date	(not used) <u>May be blank</u> or must be after System Reporting Date, before DOB and after 1/1/60 else set to NULL	G	
09	Admission Date	date	Must be after System Reporting Date, before DOB, before Initial Contact Date else set to NULL	G A	
10	Race	char 1	Must match valid code else set to "8"	G A/C	If = "8"
11	Hispanic Origin	char 1	Must match valid code else set to "8"	G A/C	If = "8"
12	Education	char 2	Must match valid code else set to "98"	G A/C	If = "98"
13	Veteran Status	char 1	Must match valid code else set to "8"	G A/C	If = "8"
14	Marital Status	char 1	Must match valid code else set to "8"	G A/C	If = "8"
15	Employment Status	char 2	Must match valid code else set to "98"	G A/C	If = "98"
16	Income (not used)	char 6			
17	SSI or SSDI	char 1	Must match valid code else set to "8"	G A/C	If = "8"
18	Primary Source of Inc Sup	char 1	Must match valid code else set to "8"	G A/C	If = "8"
19	Living Arrangements	char 2	Must match valid code else set to "98"	G A/C	If = "98"
20	Family Size (not used)	char 2			
21	County of Residence	char 3	Must match county table else set to "998"	G A/C	If = "998"
22	Source of Ref Primary	char 2	Must match valid code else set to "98"	G A/C	If = "98"

23	Source of Ref Secondary	char 2	May be blank or match valid code else set to "98"	G A	
24	DSS Involvement	char 1	Must match valid code else set to "8"	G A/C	If = "8"
25	Axis I Diagnosis 1	char 6	Must match Axis I table else set to "000.00"	G	
26	Axis I Diagnosis 2	char 6	May be blank or must match Axis I table else set to "000.00"	G	
27	Axis I Diagnosis 3	char 6	May be blank or must match Axis I table else set to "000.00"	G	
28	Axis I Diagnosis 4	char 6	May be blank or must match Axis I table else set to "000.00"	G	
29	Axis I Diagnosis 5	char 6	May be blank or must match Axis I table else set to "000.00"	G	
30	Axis I Diagnosis 6	char 6	May be blank or must match Axis I table else set to "000.00"	G	
31	Axis II Diagnosis 1	char 6	May be blank or must match Axis II table else set to "000.00"	G	
32	Axis II Diagnosis 2	char 6	May be blank or must match Axis II table else set to "000.00"	G	
33	Axis II Diagnosis 3	char 6	May be blank or must match Axis II table else set to "000.00"	G	
34	Axis II Diagnosis 4	char 6	May be blank or must match Axis II table else set to "000.00"	G	
35	Axis III Diagnosis 1	char 6	May be blank or must match Axis III table else set to "000.00"	G	
36	Axis III Diagnosis 2	char 6	May be blank or must match Axis III table else set to "000.00"	G	
37	Axis III Diagnosis 3	char 6	May be blank or must match Axis III table else set to "000.00"	G	
38	Axis III Diagnosis 4	char 6	May be blank or must match Axis III table else set to "000.00"	G	
39	Primary Diagnosis Ind	char 6	Must match an Axis Diagnosis field else must match ICD-9 table then P else set to "000.00" = G	G/P	
40	Severe Mental Illness	char 1	Must be "0", "1" or "8" else set to "8" and G If = "1" and under 18 years and P	G/P A/C	If = "8" and MH client
41	Severe Emotional Dis	char 1	Must be "0", "1", "2" or "8" else set to "8" = G If = "1" or "2" and over 18 years = P	G/P A/C	If = "8" and MH client
42	Methadone	char 1	Must be "0" or "1" else set to "8" = G If = "1" and not SA client = P	G/P A/C	If = "8" and SA client
43	IV Drug User	char 1	Must be "0" or "1" else set to "8" = G If = "1" and not SA client = P	G/P A/C	If = "8" and SA client
44	Co Dependent Collateral	char 1	Must be "0" or "1" else set to "8"	G A	
45	DUI Conviction	char 1	Must be "0" or "1" else set to "8" = G If = "1" and not SA client = P	G/P A/C	If = "8" and SA client
46	Developmental Dis Delay	char 1	Must be "0", "1" or "2" else set to "8" = G If = "1" and age over 6 or "2" and age <= 6 =P	G/P A/C	If = "8"
47	Client 2 Description	char 1			
48	Vic of Rape Sex Assault	char 1	Must be "0" or "1" else set to "8"	G A/C	If = "8"
49	Victim of Domestic Abuse	char 1	Must be "0" or "1" else set to "8"	G A/C	If = "8"

50	Perp of Rape Sex Assault	char 1	Must be "0" or "1" else set to "8"	G A/C	If = "8"
51	Perp of Domestic Abuse	char 1	Must be "0" or "1" else set to "8"	G A/C	If = "8"
52	Pregnant Women	char 1	Must be "0" or "1" & female else set to "8" = G If "1" & male = P	G/P A/C	If = "8" and SA client
53	Due Date	char 6	If Preg-Women = Yes, then must be valid date (yyyymm) between 9 months in future and 4 months in past else set to "999998"	G A/C	If = "999998" and SA client
54	Women with Dep Children	char 1	Must be "0", "1" or "8" & female else set to "8"	G A/C	If = "8" and SA client
55	Clozapine or Clozaril	char 1			
56	SA Prior Episode	char 1	Must match valid code else set to "8"	G A/C	If = "8" and SA client
57	Disposition at Term (not used)	char 1			
58	Drug Type Primary	char 4	Must match valid code else set to "9998" and set Freq = "8" and Route = "8" and Age = "98" then G If valid code but not SA client = P	G/P A/C	If = "9998" or = "0101" and SA client
59	Freq of Use Primary	char 1	Must match valid code else set to "8"	G A/C	If = "8" and Drug type valid
60	Route of Admin Primary	char 1	Must match valid code else set to "8"	G A/C	If = "8" and Drug type valid
61	Age First Use Primary	char 2	Must be numeric & between 0-98 else set to "98" = G If = "00" then = P	G/P A/C	If = "98" and Drug type valid
62	Drug Type Secondary	char 4	Must match valid code else set to "9998" and set Freq = "8" and Route = "8" and Age = "98" then G If valid code but not SA client = P	G/P A	
63	Freq of Use Secondary	char 1	Must match valid code else set to "8"	G A/C	If = "8" and Drug type valid
64	Route of Admin Secondary	char 1	Must match valid code else set to "8"	G A/C	If = "8" and Drug type valid
65	Age First Use Secondary	char 2	Must be numeric & between 0-98 else set to "98" = G If = "00" then = P	G/P A/C	If = "98" and Drug type valid
66	Drug Type Tertiary	char 4	Must match valid code else set to "9998" and set Freq = "8" and Route = "8" and Age = "98" then G If valid code but not SA client = P	G/P A	
67	Freq of Use Tertiary	char 1	Must match valid code else set to "8"	G A/C	If = "8" and Drug type valid
68	Route of Admin Tertiary	char 1	Must match valid code else set to "8"	G A/C	If = "8" and Drug type valid
69	Age First Use Tertiary	char 2	Must be numeric & between 0-98 else set to "98" = G If = "00" then = P	G/P A/C	If = "98" and Drug type valid
70	Deaf and Hard of Hearing	char 1	Must be "0" or "1" else set to "8"	G A/C	If = "8"
71	Traumatic Brain Injury	char 1	Must be "0" or "1" else set to "8"	G A/C	If = "8"
72	Homeless Indicator	char 1	Must be "0" or "1" else set to "8"	G A/C	If = "8"



Note: Input records completely replace existing records for matching Year and Month. See previous note on how to remove individual records.

Under the error column;

F = Fatal error - field vital to record, entire record rejected, no further edit checks are performed

G = General error - invalid value, data recorded for reporting purposes, value changed to Unknown / Not Collected code

NOTE: NOT counted in completeness accumulation

P = Possible problem - value in this field should be reviewed as it is outside normal bounds or is in conflict with another field

A = Accuracy - this field checked for accurate values

C = Completeness - this field checked against Unknown / Not Collected code

NOTE: Some fields are considered for Completeness ONLY if the client's diagnosis puts them in the appropriate program. See the Incomplete Criteria column

NOTE: Only the following fields are REQUIRED for Client Status = 2 or 3, however, all fields containing data will be edited

- Region Number, Client ID, System Reporting Date (Month, Year), Client Status Code.

Note: For the purpose of cross-checking fields,

- if the client has ANY Axis Diagnosis that is a Mental Health diagnosis, then the client is a "MH" client;
- if the client has ANY Axis Diagnosis that is a Mental Retardation diagnosis, then the client is a "MR" client'
- if the client has ANY Axis Diagnosis that is an Alcohol or Drug diagnosis, then the client is a "SA" client;

(Clients may have dual or triple diagnosis)

NOTE: Fields that MAY be blank, but contain valid data, will be edited AND considered for Accuracy.

This includes non-required fields for Client\_Status = 2 records. These fields are NOT indicated with "A" in error column

If total unacceptable fields / total acceptable fields > 5%,  
then Acceptance = FAIL

If the number of incomplete values / total fields > 5% for ANY of the fields considered for Completeness,  
then Completeness = FAIL

If submission received after the end of the month following the month for which the data applies,  
then Timeliness = FAIL

## 1. System Reporting Date

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
8	YYYYMMDD	1	8	Yes

**Description:** Data submission date to the client data set. It is suggested that this be the date that the data was created for the file or the date that the file was submitted.

**Valid Codes:** Must be a valid date in the form YYYYMMDD.

**Example:** Submission Date is October 30, 2003.  
Code = 20031030

**Special Instructions:**

1. Enter month and day using 2 digits each. Enter year using 4 digits.
2. If month or day is only one digit, please precede the digit with a zero.
3. Do not enter '/' or '-' in this field.
4. This date should be no later than the day the submission is received.

	Error Condition	Error Action
<i>Fatal Error:</i>	1. Invalid Date 2. System Reporting Date after submission date	Current record is rejected

## 2. Region Number

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	##	9	10	Yes

**Description:** Region collecting data on this element

**Valid Codes:**

01	Region 01 – Four Rivers (Western Ky.)
02	Region 02 - Pennyroyal
03	Region 03 - River Valley (Green River)
04	Region 04 - Lifeskills
05	Region 05 - Communicare
06	Region 06 - Seven Counties
07	Region 07 - Northern Ky.
08	Region 08 - Comprehend
09	Region 09 - Transitions
10	Region 10 - Pathways
11	Region 11 - Mountain
12	Region 12 - Kentucky River
13	Region 13 - Cumberland River
14	Region 14 - Adanta (Lake Cumberland)
15	Region 15 – Bluegrass
16	Region 16 - Healing Place

**Special Instructions:**

1. For regions 1-9, please be sure to precede the region number with a zero.
2. Must match region number specified in file name.

	Error Condition	Error Action
<i>Fatal Error:</i>	1. Invalid Region 2. Region does not match filename	Current record is rejected

### 3. Client ID

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
9	#####	11	19	Yes

*Description:* Identifies client within the database using a unique identifier. This identifier should be the encrypted SSN using the established encryption methodology. Contact RDMC for the KDMHMRS Client ID Encryption Protocol.

*Valid Codes:* 9-character encrypted SSN.

	Error Condition	Error Action
<i>Fatal Error:</i>	Invalid encrypted SSN	Current record is rejected

### 4. Date of Birth

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
8	YYYYMMDD	20	27	No

*Description:* Client's date of birth

*Valid Codes:* Valid date in the format YYYYMMDD  
99999998 – Unknown (only valid if Field 6 – Client Status Code = 2)

*Example:* Client was born February 16, 1960  
Code = 19600216

*Special Instructions:*

- 1 Do not enter '/' or '-' in this field.
- 2 Birth date must be prior to Field 9 -Admission Date and Field 1 - Reporting Date.
- 3 Birth date must not be more than 150 years prior to Field 1 - Reporting Date.
- 4 Not required if Client Status = 2.

	Error Condition	Error Action
<i>General Error:</i>	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Birth date more than 150 years ago 4. Field = 99999998 and Client Status = 1	Error reported Field set to Null in database
<i>Possible Error:</i>	Birth date more than 100 years ago	Error reported

## 5. Sex

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	28	28	No

*Description:* Client's Gender

*Valid Codes:*

1	Male
2	Female
8	Unknown/Not Collected (only valid if Field 6 – Client Status = 2/3)

*Special Instructions:* Do not leave this field blank.

	Error Condition	Error Action
<i>General Error:</i>	Invalid Code	Error reported Field set to 8 in database

*Update Frequency:* At time of Intake and if a subsequent medical procedure with respect to gender makes a change necessary.

## 6. Client Status Code

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	29	29	Yes

*Description: Client Status 1:* Any person participating in a Center program for whom the Center has established or plans to establish an individual plan of care (e.g. Individual Support Plan, Treatment Plan, Service Plan) signed by a clinically licensed or certified professional and who has received one or more services during the current fiscal year.

**Client Status 3 (Pseudo Client):** Services/Purchases reported under DMHMRS Modifiers (FAO-12) 24 and 25 for which the service/purchase cannot be reported on a client by client basis may be reported using this special reporting procedure.

**Client Status 2:** Any person who receives a service, as defined in event data service codes, during the current fiscal year, whose treatment is of brief duration, informational or educational in nature or who does not have a plan of care (at this time). The following services and associated programs have been identified as definitive of a client status 2 if the client has received only these services.

DMHMRS Modifier 1 (FAO-12)	Service Description	Associated Program
04	PASRR-Level II Evaluation	MH/MR PASRR
06	Consultation PASRR	MH/MR PASRR
24	Miscellaneous Services Purchased	MH/MR Supported Living
25	Miscellaneous Goods Purchased	MH/MR Supported Living
70	DUI Education Services	SA-DUI
73	Consultation	MH/SA/MR
74	Outreach and Education	MH/SA/MR
83	Early Intervention/First Steps	MR-KEIS/First Steps

The following details apply to the associated programs listed above.

### Division of Mental Retardation

- ❑ KEIS / First Steps – Since funding for these services is not provided by DMHMRS, the information is not needed in the dataset. If you do submit data, please use correct payer source.

- ❑ Supported Living – Code as Client Status 3 as defined in the CMHC Data Implementation Guide.

#### Division of Substance Abuse

- ❑ DUI – If only education and assessment are provided, code as Client Status 2. If any treatment services are provided, code as Client Status 1.

#### Division of Mental Health / Division of Mental Retardation

- ❑ PASRR – Client status 2 is used only for the evaluation, other MR PASRR services have codes in dataset and they should be client status 1.

NOTE: Clients who meet the following criteria may be considered **Valid Client Status 2**:

- 1) clients with 7 or fewer days between the first and last service
- or 2) clients with fewer than 5 services
- or 3) clients with fewer than 10 services within 60 days
- or 4) clients who average less than 1 service per month

or

clients who have received JUST the above services. Clients who receive any other services should be coded Status 1.

*Valid Codes:*

1	Client meeting definition of Client Status 1
2	Client meeting definition of Client Status 2
3	Pseudo Client (new 2004)

*Example:*

1	is a client 1
2	is a client 2
3	is a client 3

*Special Instructions:* Alternate editing processes will be used for those clients coded as 2 in this field. In particular, only the client ID field will be considered as fatal, and all other errors will be considered when calculating general and fatal error rates only if the field is completed.

	Error Condition	Error Action
<i>Fatal Error:</i>	Invalid Code	Current record is rejected

*Update Frequency:* At time of contact for Client Type 2. At time of Intake for Client Type 1. When a treatment plan is established for a Type 2, change to Type 1.

## 7. Provider Identifier (Site Code)

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXXXXX	30	35	No

**NOTE: "DELETE" in this field indicates a Client record to be removed from the data set. This code is only valid in data files with the naming convention ...CX.DAT.**

*Description:* Most of the time, a Provider designates a specific address where services are performed. However, there may be several 'Providers' at the same address when multiple programs are housed at that address and the Regions want to use the Provider Site ID as a method to separate the services. Also, some services may be performed at homes, schools, courts or other non-regional sites. A Provider Site ID may be established to help identify a specific service and the address used may be the 'home' address of the service or the staff member providing the service. This ID number is assigned by the individual center in keeping with the standard coding structure.

**Valid Codes:** See provider list on the Web  
999998 – Unknown/Not Collected (valid only if Field 6 – Client Status = 2 / 3)

**Special Instructions:**

1. Regions must submit provider id update forms to the department whenever sites are added, deleted, or changed.
2. Updates may accompany monthly data submissions or may be submitted prior to monthly submissions.
3. All regions should left justify this element as required by the provider ID list. The rest of the field should be left blank.

	Error Condition	Error Action
General Error:	1. Provider ID does not match provider listing 2. Field = '999998' and Client Status = 1	Error reported Field set to 999998 in database

**Update Frequency:** At time of Intake.

## 8. Initial Contact Date

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
8	YYYYMMDD	36	43	No

**Description:** Date of potential client's initial contact with CMHC by phone or otherwise. This field is not required but should be supplied when available.

**Valid Codes:** Valid date in the format YYYYMMDD.  
If unknown, use 8 spaces or '99999998'

**Example:** August 26, 2003 - 20030826

**Special Instructions:**

1. This date may be prior to, or the same as Field 1 - System Reporting Date, must be after Field 4 - Birth Date, and must be on or after 1960.
2. Do not enter '/' or '-' in this field.

	Error Condition(s)	Error Action
General Error:	1. Invalid Date (other than 99999998) 2. Date after Field 1-System Reporting Date 3. Date prior to Field 4-Date of Birth and/or 1960	Error reported Field set to Null in database

**Update Frequency:** At time of first contact.

## 9. Admission Date

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
8	YYYYMMDD	44	51	No

**Description:** Date when the client receives first direct service of this episode, including the initial confession.

**Valid Codes:** Valid date in the format YYYYMMDD.  
If Field 6 – Client Status = 2, may be 8 spaces or '99999998'

Example: January 31, 2003 - 20030131

**Special Instructions:** 1. Must be prior or equal to Field 1 - System Reporting Date, after Field 4 - Date of Birth, after or equal to Field 8 - Initial Contact Date, and on or after 1960.  
2. Do not enter '/' or '-' in this field.

	Error Condition(s)	Error Action
General Error:	1. Invalid Date 2. Date after Field 1-System Reporting Date 3. Date prior to Field 4-Date of Birth and/or 1960 4. Date prior to Field 9-Initial Contact Date 5. Field = 99999998 and Field 6-Client Status = 1	Error reported Field set to Null in database

**Update Frequency:** When permission to treat is signed.

## 10. Race

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	52	52	No

**Description:** Client's Race

**Valid Codes:**

1	White
2	Black
3	American Indian
4	Asian
5	Alaskan Native
6	Native Hawaiian or Pacific Islander
8	Unknown
9	Other

Note: Japanese-Americans should be classified as 4-Asian and not 6-Pacific Islander

Note: At this time there is no code for multi-racial. If a client insist on this category use code "9" (other)

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Field = 8 in database and Field 6-Client Status = 1	Counted against Completeness Standard

**Update Frequency:** At time of Intake.

## 11. Hispanic Origin

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	53	53	No

*Description:* Identifies client's specific Hispanic origin

*Valid Codes:*

0	Not of Hispanic Origin
1	Puerto Rican
2	Mexican
3	Cuban
4	Other Hispanic
8	Unknown/Not collected

	Error Condition(s)	Error Action
<i>General Error:</i>	Invalid Code	Error reported Field set to 8 in database
<i>Completeness</i>	Field = 8 in database and Field 6 – Client Status = 1	Counted against Completeness Standard

*Update Frequency:* At time of Intake.

## 12. Education

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	##	54	55	No

*Description:* Specifies the highest school grade the client has completed.

*Valid Codes:*

00-25	Actual grade completed
95	Preschool
96	Kindergarten
98	Unknown/Not collected

*Example:* Client is currently in the 4th grade - Code = 03.

Client has completed a four year college degree plus one year of graduate school  
- Code = 17.

*Special Instructions:* If education is single digit, please precede with a zero.

	Error Condition(s)	Error Action
<i>General Error:</i>	Invalid Code	Error reported Field set to 98 in database
<i>Completeness</i>	Field = 98 in database and Field 6 – Client Status = 1	Counted against Completeness Standard

*Update Frequency:* At time of Intake and after a change in student status. Must be reviewed annually or whenever there is an indication that the status has changed.



## 13. Veteran Status

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	56	56	No

**Description:** Identifies whether the client has performed military service. If client has served in multiple actions, mark the most recent service. Military service is defined as anyone in the Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, or Coast and Geodetic Survey.

**Valid Codes:**

0	No military service	4	Persian Gulf War
1	World War II	5	Any Military Service
2	Korean War	8	Unknown/Not Collected
3	Vietnam War		

**NOTE:** Although codes 1-4 are acceptable, code **5** should be used for a client with any military service.

**Special Instructions:** Do not leave this field blank.

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Field = 8 in database and Field 6 – Client Status = 1	Counted against Completeness Standard

**Update Frequency:** At time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 14. Marital/Relational Status

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	57	57	No

**Description:** Describes the client's marital status/family structure in categories revised to be compatible with the U.S. Census.

**Valid Codes:**

1	Single/never married (or only marriage was annulled)	5	Widowed
2	Married	6	Separated
3	Divorced	8	Unknown/Not collected
4	Co-habiting		

**Example:** Client is single - Code = 1

**Note:** Clients whose only marriage has been annulled should be coded as 1 – Never Married

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Field = 8 in database and Field 6-Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** At time of Intake and after change in legal marital status. Must be reviewed annually or whenever there is an indication that the status has changed.

## 15. Employment Status

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	##	58	59	No

*Description:* Identifies client's current employment status.

*Valid Codes:*

01	Employed full time - 32 or more hours per week
02	Employed part time - 31 or less hours per week
03	Laid off from job
04	Looking for work/available for work during the last four weeks (Includes those clients who are out of work and not looking)
05	In the armed forces
06	Homemaker
07	Student or of school age (6-16)
08	Retired
09	Resident of institution/incarcerated
10	Child (preschool, under school age)(under 6)
11	Disabled
98	Unknown/Not collected

Example: Seasonal workers employed full time are coded 01 (employed full time)

Note: Clients with a code of 10 – Child must be age 6 or under.

	Error Condition(s)	Error Action
<i>General Error:</i>	Invalid Code	Error reported Field set to 98 in database
<i>Possible Error</i>	Code is 10 and client is over age 6	Error reported No change to database
<i>Completeness</i>	Field = 98 in database and Field 6-Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At time of Intake and after leaving or entering employment. Must be reviewed annually or whenever there is an indication that the status has changed.

## 16. Income

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	#####	60	65	No

**Note: this field no longer in use. Please zero fill or follow instructions below.**

*Description:* Annual family income of the client (in whole dollars).

Family income is the amount reported on the IRS tax returns on the line titled "total income" or from the W-2 received from employers. Total income can also be the amount of public assistance received for a 12-month period or any other form of disability payments. For persons who file tax returns, total income is line 4 on the 1040EZ form, line 14 on the 1040A form, and line 23 on the 1040 form.

*Valid Codes:*

000000-900000
999998=Unknown/Not Collected

Example: Client's total family income = \$35,041.72 - enter 035042  
Do **NOT** include comma or decimal

- Special Instructions:*
1. Omit decimals and commas
  2. Amounts should be right justified and zero filled.
  3. Clients who are in foster care will not have to list foster family's income, except in cases where the child receives support payments from parents while in foster care.

## 17. SSI or SSDI or TANF

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	66	66	No

*Description:* Identifies whether the client is currently receiving SSI and/or SSDI or TANF.  
 SSI = supplemental security income  
 SSDI = social security disability income  
 TANF = Temporary Assistance to Needy Families (formerly AFDC)

*Valid Codes:*

0	No - receives none
1	Yes - SSI only
2	Yes - SSDI only
3	Yes - both SSI and SSDI
4	Yes - TANF only
5	Yes - TANF and SSDI
8	Unknown/Not collected

	Error Condition(s)	Error Action
<i>General Error:</i>	Invalid Code	Error reported Field set to 8 in database
<i>Completeness</i>	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 18. Primary Source of Income/Support

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	67	67	No

*Description:* Identifies the primary source of client's income.

*Valid Codes:*

1	Wages/salary/self employed
2	Public assistance
3	Retirement/pension
4	Disability
5	Other sources
6	No income/support
8	Unknown/Not collected

*Example:* 60% of client's income is from TANF - Code = 2

	Error Condition(s)	Error Action
--	--------------------	--------------

<i>General Error:</i>	Invalid Code	Error reported Field set to 8 in database
<i>Completeness</i>	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At time of Intake and after leaving or entering employment. Must be reviewed annually or whenever there is an indication that the status has changed.

## 19. Living Arrangements

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	##	68	69	No

*Description:* Identifies client's living arrangements at the time of admission.  
NOTE: see field #72 (Homeless) to record clients who have been homeless in the past 12 months.

*Valid Codes:*

No Fixed Residence

01	Homeless/uninhabitable dwelling
02	Mission/shelter
03	Hotel/motel

Staffed Residence

11	Staffed residence
12	Alcohol/Drug treatment facility

Non-Staffed Residence

21	Living in parent/guardian's residence
22	Living in own residence
23	Living in own residence with parent/guardian
24	Boarding home

Licensed Long-Term Facility

31	SNF (nursing home)
32	Personal care home
33	ICF/MR State facility
34	ICF/MR Private facility
35	Family care home

Other

41	Foster care
42	Jail/prison - local or state
43	Jail/prison – federal
98	Unknown/Not Collected
99	Other

Example: Client lives in an apartment alone - Code = 22

	Error Condition(s)	Error Action
<i>General Error:</i>	Invalid Code	Error reported Field set to 98 in database
<i>Completeness</i>	Field = 98 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 20. Family Size

Length	Format	From	To	Fatal
2	##	70	71	No

**Note: This field no longer in use. Please zero fill or follow instructions below.**

**Description:** Number of household members on the family income (Internal Revenue Service definition)

Definition of family: Total number of personal exemptions claimed on the most recent federal tax return, form 1040ez, 1040a, or 1040. For person not filing tax returns, how many persons living in the home are dependent on the family income.

**Valid Codes:**

01-19	Actual number
20	Twenty or more
98	Unknown/Not collected

**Example:** Client's family consists of 3 people at home (mother, father, client) - Code= 03

**Special Instructions:** If actual number is less than 10, please precede with a zero

## 21. County of Residence

Length	Format	From	To	Fatal
3	###	72	74	No

**Description:** County which the client considers his/her county of residence.

**Valid Codes:**

001-299	Actual county code - See County Code list in Appendix B.
998	Unknown/Not collected

**Example:** Client lives in Louisville - Jefferson county - Code = 056

**Special Instructions:**

1. See list of county codes, Appendix B.
2. If actual code is less than 100, please precede with zero(s).

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 998 in database
Completeness	Field = 998 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** At time of Intake and after relocation. Must be reviewed annually or whenever there is an indication that the status has changed.

## 22. Source of Referral - Primary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	##	75	76	No

**Description:** Defines who made the primary referral of the client to the program

**Valid Codes:**

<u>Personal</u>		<u>Agency Referral</u>	
01	Self	31	Schools/Family resource ctr
02	Employer	32	Vocational Rehabilitation ctr
03	Family/friend	33	Community MH/MR center
04	Self help group	34	DSS (DCBS)
05	Clergy	35	Other social services agency
		36	Health department
		37	DSI
<u>Judicial Systems</u>		<u>Physician</u>	
11	Police	41	Private psychiatrist
12	State/Federal court	42	Private psychiatric clinic
13	Formal adjudication process other than state/federal court	43	Physician
14	Probation/parole	44	Private Therapist
15	Recognized legal entity other than probation/parole		
16	DUI/DWI	<u>Other</u>	
17	Other criminal justice	98	Unknown/Not collected
18	Diversionary program	99	Other
19	DJJ		
20	Drug Court (new 2004)		
<u>Inpatient Treatment Facility</u>			
21	State funded Psych hospital		
22	Other Psych hospital		
23	SA Treatment Facility-State		
24	SA Treatment Facility- Private		
25	SNF/ICF/MR Facility-State		
26	SNF/ICF/MR Facility-Private		
27	Personal Care Home		
28	General hospital		

Example: Client talked to his minister about his drinking problem. The minister suggested the client call the local community MH/MR center. Code = 05 (Clergy)

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 98 in database
Completeness	Field = 98 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** At time of Intake.

## 23. Source of Referral - Secondary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	##	77	78	No

*Description:* Defines who made the secondary referral of the client to the program.

*Valid Codes:* See codes for Field 22 - Source of Referral - Primary.

*Special Instructions:* If no secondary referral is present, enter 98.

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 98 in database

*Update Frequency:* At time of Intake.

## 24. DSS Involvement

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	79	79	No

*Description:* Indicates if client has received services from the Department for - Social Services.

*Valid Codes:*

0	No
1	Yes
8	Unknown/Not collected

*Example:* Client tells you he once received assistance from a caseworker with DSS in another city of your region about two years ago - Code = 1 (Yes)

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 8 in database
Completeness	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At time of Intake. Must be reviewed monthly.

## 25. Axis I Diagnosis 1 – Clinical Disorders/Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	80	85	No

*Description:* Actual DSM-IV Axis I diagnosis

*Valid Codes:*

1. See Appendix F - Axis I and Axis II Diagnosis Codes
2. 000.00 (if no Axis I diagnosis present)

*Special Instructions:*

1. Must be a valid DSM-IV Axis I code.
2. Must include decimal point.
3. Should be coded '000.00' if no Axis I diagnosis is present.

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 000.00 in database

*Update Frequency:* At the completion of the treatment plan or after any revision to the treatment plan.

NOTE: Axis I Diagnosis 1 must contain a valid DSM-IV Axis I diagnosis code or 000.00. All the remaining Axis I, II, and III Diagnoses may be blank.

## 26. Axis I Diagnosis 2– Clinical Disorders/Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	86	91	No

---

*Description:* Same as Field 25.

## 27. Axis I Diagnosis 3– Clinical Disorders/Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	92	97	No

---

*Description:* Same as Field 25.

## 28. Axis I Diagnosis 4– Clinical Disorders/Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	98	103	No

---

*Description:* Same as Field 25.

## 29. Axis I Diagnosis 5– Clinical Disorders/Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	104	109	No

---

*Description:* Same as Field 25.

## 30. Axis I Diagnosis 6– Clinical Disorders/Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	110	115	No

---

*Description:* Same as Field 25.



### 31. Axis II Diagnosis 1- Mental Retardation and Personality Disorders

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	116	121	No

*Description:* Actual DSM-IV Axis II diagnosis.

DSM-IV and/or ICD-9 diagnoses for Mental Retardation and Personality Disorders are to be recorded on Axis II. No other diagnosis shall be recorded on Axis II with the exception of those vague diagnosis referring to either Axis I or Axis II such as no diagnosis or diagnosis deferred.

*Valid Codes:*

1. See Appendix F - Axis I and Axis II Diagnosis Codes
2. 000.00 (if no Axis II diagnosis present)

*Special Instructions:*

1. Must be a valid DSM-IV Axis II code.
2. Must include decimal point.
3. Should be coded '000.00' if no Axis II diagnosis is present

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 000.00 in database

*Update Frequency:* At the completion of the treatment plan or after a revision to the treatment plan.

### 32. Axis II Diagnosis 2- Mental Retardation and Personality Disorders

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	122	127	No

*Description:* Same as Field 31.

### 33. Axis II Diagnosis 3- Mental Retardation and Personality Disorders

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	128	133	No

*Description:* Same as Field 31.

### 34. Axis II Diagnosis 4- Mental Retardation and Personality Disorders

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	134	139	No

*Description:* Same as Field 31.

### 35. Axis III Diagnosis 1 – General Medical Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	140	145	No

---

*Description:* Actual Axis III physical diagnosis

*Valid Codes:*

1. Any valid ICD-9 code
2. 000.00 (if no Axis III diagnosis present)

*Special Instructions:*

1. Must be a valid ICD-9 code.
2. Must include decimal point.
3. Should be coded '000.00' if no Axis III diagnosis is present.

	Error Condition(s)	Error Action
General Error:	Invalid Code	Error reported Field set to 000.00 in database

*Update Frequency:* At the time of Intake and after testing for or hospitalization for any contributing illness.

### 36. Axis III Diagnosis 2 – General Medical Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	146	151	No

---

*Description:* Same as Field 35.

### 37. Axis III Diagnosis 3 – General Medical Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	152	157	No

---

*Description:* Same as Field 35.

### 38. Axis III Diagnosis 4 – General Medical Conditions

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	158	163	No

---

*Description:* Same as Field 35.

### 39. Primary Diagnosis Indicator

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
6	XXX.XX	164	169	No

*Description:* Field which indicates the patient's primary diagnosis.

**DEFINITION OF PRIMARY DIAGNOSIS:** The condition which is the main focus or attention or treatment, usually the condition for which the client initially sought treatment.

For example, a client is initially seen at CMHC following inpatient hospitalization for follow-up of Schizophrenia. During the course of treatment it is discovered the client also has a substance abuse problem and client is treated for substance abuse. Schizophrenia remains under treatment and remains the primary diagnosis.

**Valid Codes:** Must be a valid DSM-IV or ICD-9 code **and** must be present in one of the diagnosis fields 25-38. See Appendix F - Axis I and Axis II Diagnosis Codes.

	<b>Error Condition(s)</b>	<b>Error Action</b>
<i>General Error:</i>	1. Invalid Code 2. '000.00' and Field 6 – Client Status = 1	Error reported Field set to 000.00 in database
<i>Possible Error</i>	Diagnosis not in fields 25-38 (Axis I, II, & III)	Error reported No change to database

**Update Frequency:** At the time of Intake and after testing for or hospitalization for any contributing illness.

## 40. Severe Mental Illness (SMI or CMI)

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	170	170	No

**Description:** SMI, also known as CMI (chronic mental illness), identifies clients age 18 and over who meet the priority target population definition for severe/chronic mental illness.

This description is based on the dimensions of diagnosis, disability, and duration. Additional information describing these dimensions may be found in the Request for Funding Manual.

**Valid Codes:**

0	No
1	Yes
8	Unknown/Not collected

**Special Instructions:** Applicable to all clients who have any Mental Health diagnosis For a listing of MH diagnosis , codes, see Appendix F - Axis I and Axis II Diagnosis Codes.2. If not applicable, set Code = 8.

	<b>Error Condition</b>	<b>Error Action</b>
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Possible Error:</i>	Field = 1 and Client's age <18	Error reported No change made to database
<i>Completeness</i>	Field = 8 in database and Mental Health Diagnosis present	Counted against Completeness Standard

**Update Frequency:** After staffing or change of diagnostic status to meet SMI criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

## 41. Severe Emotional Disability (SED)

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	171	171	No

---

**Description:** Identifies children, under the age of 18, who meet the priority/target population definition for SED.

This description is based on a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that is listed in the DSM IV.

Additional information on the definition is found in the Request for Funding Manual.

**Valid Codes:**

0	No
1	Yes (SED)
2	Impact program clients (defined as an SED child who has been accepted into the Impact program by the RIAC.)
8	Unknown/Not collected

**Special Instructions:**

1. Applicable to all clients which have any Mental Health diagnosis. For a listing of MH diagnosis codes , see Appendix F - Axis I and Axis II Diagnosis Codes
2. If not applicable, set Code = 8.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Possible Error:	Field = 1 or 2 and Client's age > 17	Error reported No change made to database
Completeness	Field = 8 in database and Mental Health Diagnosis present	Counted against Completeness Standard

**Update Frequency:** After staffing or change of diagnostic status to meet SED criteria. Must be reviewed annually or whenever there is an indication that the status has changed.

## 42. Methadone

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	172	172	No

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**Description:** Identifies a client in the alcohol or drug program who answers yes to the question "Are you currently a client in a methadone, LAAM, Buprenorphine or other opioid replacement therapy maintenance program?"

**Valid Codes:**

0	No
1	Yes
8	Unknown/Not collected

**Special Instructions:**

1. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes , see Appendix F - Axis I and Axis II Diagnosis Codes
2. If not applicable, set Code = 8.

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Possible Error:</i>	Field = 1 and no Substance Abuse Diagnosis present	Error reported No change to database.
<i>Completeness</i>	Field = 8 in database and Substance Abuse Diagnosis present	Counted against Completeness Standard

*Update Frequency:* At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

### 43. IV Drug User

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	173	173	No

*Description:* Identifies a client in the alcohol or drug program who answers yes to the question "In your lifetime, have you ever used drugs intravenously?"

*Valid Codes:*

0	No
1	Yes
8	Unknown/Not collected

*Special Instructions:*

1. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes
2. If not applicable, set Code = 8

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Possible Error:</i>	Field = 1 and no Substance Abuse Diagnosis present	Error reported No change to database.
<i>Completeness</i>	Field = 8 in database and Substance Abuse Diagnosis present	Counted against Completeness Standard

*Update Frequency:* At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

### 44. Co-Dependent/Collateral

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	174	174	No

*Description:* A client in the alcohol or drug program who may or may not have a primary substance abuse diagnosis, but is in treatment for a substance abuse problem relative to a family member or significant other. Has an affirmative response to the question "Are you seeking services because of problems arising from your relationship with an alcohol or drug user?"

*Valid Codes:*

0	No
1	Yes
8	Unknown/Not collected

	<b>Error Condition</b>	<b>Error Action</b>
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database

*Update Frequency:* At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 45. DUI Conviction

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	175	175	No

*Description:* A client in the alcohol or drug program who answers yes to the question "Are you receiving services at this agency as a result of a DUI conviction?"

*Valid Codes:*

0	No
1	Yes
8	Unknown/Not collected

*Special Instructions:*

1. Applicable to all clients who have any Substance Abuse diagnosis
2. If not applicable, set Code = 8

	<b>Error Condition</b>	<b>Error Action</b>
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Possible Error:</i>	Field = 1 and no Substance Abuse Diagnosis present	Error reported No change to database.
<i>Completeness</i>	Field = 8 in database and Substance Abuse Diagnosis present	Counted against Completeness Standard

*Update Frequency:* At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 46. Developmental Disability/Developmental Delay

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	176	176	No

*Description:* Identifies the client as meeting the definition of developmental delay or developmental disability as specified below:

Code #1 - Developmental Delay (under age 6)

-----  
In order to be considered developmentally delayed a child shall be under age 6 years (birth through the day prior to the 6th birthday) and shall, by appropriate diagnostic instruments and procedures, or professional judgment, be determined to be significantly behind developmental norms in the following skill areas:

1. Cognitive Development
2. Communication Development
3. Physical Development (including vision and hearing)
4. Social or Emotional Development
5. Adaptive Development

In order to be significantly behind developmental norms in the above skill areas the child shall meet one of the following criteria:

two standard deviations below the mean in one skill area

or

at least one and one-half standard deviations below the mean in two skill areas

**ESTABLISHED RISK:** A child shall be under 6 years of age and diagnosed with physical or mental conditions which have a high probability of resulting in developmental delay.

**Code # 2 - Developmental Disability (6 years or older)**

Severe, chronic disability of a person 6 years of age or older which:

- A) Is attributable to a mental and/or physical impairment
- B) Is manifested before a person reaches the age of 22
- C) Is likely to continue indefinitely
- D) Results in substantial functional limitations in three or more of the following areas of major life activity:
  - 1) self-care
  - 2) receptive and expressive language
  - 3) learning
  - 4) self-direction
  - 5) capacity for independent living
  - 6) economic self-sufficiency
- E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

*Valid Codes:*

0	Neither
1	Developmental Delay
2	Developmental Disability
8	Unknown/Not collected

	<b>Error Condition</b>	<b>Error Action</b>
<i>General Error:</i>	2. Invalid code	Error reported Field set to 8 in database
<i>Possible Error:</i>	Field = 1 and client's age >= 6 or Field = 2 and client's age < 6	Error reported No change to database
<i>Completeness</i>	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** After staffing and/or testing. Must be reviewed annually or whenever there is an indication that the status has changed.

## 47. Client 2 Description

Length	Format	From	To	Fatal
1	#	177	177	No

**Note: this field no longer in use. Please zero fill or follow instructions below.**

*Description:* Further description of why client is coded a "2" in Field 6 - Client Status.

*Valid Codes:*

0	Not Applicable (Field 6 – Client Status Code = 1)
1	Client did not continue service
2	Client placed on a waiting list
3	Clients who just received respite
4	PASAAR client
5	Assessment/evaluations (include school, DUI, etc.)
6	Other evaluations (include jail diversions - if no evaluation is done, include in code 2)
7	Subcontracted services
8	KEIS client
9	Other

*Special Instructions:* If Field 6 - Client Status Code = 1, enter "0"

## 48. Victim of Rape/Sexual Assault/Sexual Abuse

Length	Format	From	To	Fatal
1	#	178	178	No

*Description:* By definition, this population includes both clients who present with one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

Note: Sexual abuse includes sexual victimization as a child.

*Valid Codes:*

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
8	Unknown/Not Collected

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.



## 49. Victim of Domestic Abuse (formally Physical Abuse)

Changed 2004

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	179	179	No

**Description:** By definition, this population includes both clients who present the problem of being physically abused by a family member by blood or marriage, an intimate partner, or a person with whom they have a child in common and those who acknowledge this issue after treatment services begin.

**Valid Codes:**

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
8	Unknown/Not Collected

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** At the time of Intake and after any event of domestic abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

## 50. Perpetrator of Rape/Sexual Assault/Sexual Abuse

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	180	180	No

**Description:** By definition, this population includes both clients who present with one of these problems upon entering the treatment system and those clients who present other problems initially but acknowledge the existence of a problem after treatment services begin.

**Valid Codes:**

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
8	Unknown/Not Collected

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** At the time of Intake and after any event of Rape/Sexual Assault/Sexual Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

## 51. Perpetrator of Domestic Abuse (formally Physical Abuse)

changed 2004

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	181	181	No

**Description:** By definition, this population includes both clients who present with the problem of being a domestic abuse perpetrator and those that present with other problems initially but acknowledge being a perpetrator of domestic abuse after treatment services have begun. This should also include all clients referred by the criminal justice system or Department for Community Based Services for domestic violence or child abuse treatment services, except those involving sexual abuse.

Domestic Abuse is commonly defined as a pattern of controlling and/or coercive behaviors including physical violence, emotional abuse, and attempts to control the environment of persons who are related by blood or marriage, have a child in common, or past or present intimate partners.

In cases where a client is referred to the center for court-ordered domestic violence offender treatment services, the client should be coded as "3 = Yes, currently seeking treatment"

**Valid Codes:**

0	No
1	Yes, unknown whether they are currently seeking treatment for this issue
2	Yes, not seeking treatment for this issue
3	Yes, currently seeking treatment for this issue
8	Unknown/Not Collected

	Error Condition	Error Action
<b>General Error:</b>	Invalid code	Error reported Field set to 8 in database
<b>Completeness</b>	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** At the time of Intake and after any event of Physical Abuse takes place. Must be reviewed annually or whenever there is an indication that the status has changed.

## 52. Pregnant Women

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	182	182	No

**Description:** A **female** client in the alcohol or drug program who answers yes to the question "Are you pregnant?"

**Valid Codes:**

0	No
1	Yes
8	Unknown/Not collected

**Special Instructions:**

- Code 1 is eligible for payment against the substance abuse block grant set aside for pregnant women.
- Applicable to all clients which have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.
- If not applicable, set Code = 8

	Error Condition	Error Action
<b>General Error:</b>	1. Invalid code	Error reported
<b>Possible Error:</b>	Field = 1 and Field 5 - Sex = 1 (Male)	Field set to 8 in database
<b>Completeness</b>	Field = 8 in database and Substance Abuse diagnosis present	Counted against Completeness Standard

**Update Frequency:** At the time of Intake and after discovery of pregnancy. If the field = 1 (Yes), it should be changed to field = 0 (No) as soon as the client is no longer eligible for the SA Block Grant. Must be reviewed annually or whenever there is an indication that the status has changed.

## 53. Pregnant Women - Due Date

Length	Format	From	To	Fatal
6	YYYYMM	183	188	No

**Description:** Identifies the month and year of the expected birth of the child.

**Valid Codes:**

1. Valid date in the year and month format (YYYYMM).
2. 999998 - Not Applicable/Not collected

**Example:** Client is pregnant. Due date is May, 2004. Code = 200405

**Special Instructions:**

1. Applicable to all clients who have Field 52 – Pregnant Women =
2. If not applicable set Code = 999998.

	Error Condition	Error Action
<b>General Error:</b>	1.Invalid code 2.Field = 999998 and Field 52-Pregnant Women = 1 3. Date is more than four months prior to System Reporting Date or more than nine months from System Reporting Date.	Error reported Field set to 999998 in database
<b>Completeness</b>	Field = 999998 in database and Field 52-Pregnant Women = 1	Counted against Completeness Standard

**Update Frequency:** At the time of Intake and after discovery of pregnancy. This field should be changed to '999998' when field 52 is changed to 0. Must be reviewed annually or whenever there is an indication that the status has changed.

## 54. Women with Dependent Children

Length	Format	From	To	Fatal
1	#	189	189	No

**Description:** A **female** client in the alcohol or drug program who answers yes to the question "Do you have one or more dependent children?"

**Valid Codes:**

0	No
1	Yes
8	Unknown/Not collected

**Special Instructions:**

1. Code 1 is eligible for payment against the substance abuse block grant set aside for women with dependent children.
2. Applicable to all clients who have any Substance Abuse diagnosis. For a listing of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.
3. If not applicable, set Code = 8.

	Error Condition	Error Action
<b>General Error:</b>	1. Invalid code	Error reported
<b>Possible Error:</b>	Field = 1 and Field 5 - Sex = 1 (Male)	Field set to 8 in database
<b>Completeness</b>	Field = 8 in database and Substance Abuse diagnosis present	Counted against Completeness Standard

**Update Frequency:** At the time of Intake and after delivery or change in legal household status. Must be reviewed annually or whenever there is an indication that the status has changed.

## 55. Clozapine or Clozaril

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	190	190	No

**Note: This field no longer in use. Please zero fill or follow instructions below.**

*Description:* Identifies those clients who receive the medication clozaril (clozapine). Individuals taking clozaril must agree to an intensive clinical medical management (i.e. weekly monitoring, laboratory test).

*Valid Codes:*

0	No
1	Yes
8	Unknown/Not collected

*Special Instructions:* Code all clients taking this medication as '1', regardless of whether CMHC pays for the medication or conducts the clinical medical management.

	<b>Error Condition</b>	<b>Error Action</b>
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field = 8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

## 56. Substance Abuse Prior Treatment Episode

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	191	191	No

*Description:* Identifies the total number of prior treatment episodes in any drug or alcohol treatment program.

*Valid Codes:*

0-4	Actual number of prior treatments
5	Five or more
8	Unknown/Not collected

*Example:* A first treatment would be coded 0 because there are no prior treatments.

*Special Instructions:*

1. Applicable to all clients which have any Substance Abuse diagnosis. For a list of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.
2. If client is in a SA program, please enter a zero if no prior treatments.
3. If not applicable, set Code = 8.

	<b>Error Condition</b>	<b>Error Action</b>
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field = 8 in database and Substance Abuse diagnosis present	Counted against Completeness Standard

*Update Frequency:* At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 57. Disposition at Termination

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	192	192	No

**Note: This field no longer in use. Please zero fill or follow instructions below.**

*Description:* Disposition at closure of chart.

*Valid Codes:*

0	Client actively receiving service
1	Met treatment goals/completed treatment
2	Client no longer seeking treatment
3	Referral to more appropriate resource
4	Moved out of service area
5	Against staff advice
6	Discharge-non compliance
7	Incarcerated
8	Death
9	Other

*Special Instructions:* Fill out this field for all clients. If chart remains open, please enter a zero.

## 58. Drug Type Code, Primary at Admission

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
4	####	193	196	No

*Description:* Identifies the client's primary substance abuse problem at admission.

*Valid Codes:*

1. See valid detailed drug code table (Appendix C)
2. 9998 - Unknown/Not collected

*Example:* A client is admitted with dependence on a benzodiazepine tranquilizer. If it is known that the specific drug is valium, the code would be 1304.

*Special Instructions:*

1. Applicable to all clients which have any Substance Abuse diagnosis. For a list of SA diagnosis codes, see Appendix F - Axis I and Axis II Diagnosis Codes.
2. For clients with no SA diagnoses, enter 9998

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 9998 in database
<i>Possible Error:</i>	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database
<i>Completeness</i>	Field = 9998 or 0101 in database and Substance Abuse diagnosis present	Counted against Completeness Standard

*Update Frequency:* At the time of Intake.

## 59. Frequency of Use - Primary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	197	197	No

**Description:** Identifies the frequency of use of the primary drug type at the time of admission to this episode of treatment.

**Valid Codes:**

1	No use in past month
2	1-3 times in past month
3	1-2 times in past week
4	3-6 times in past week
5	Daily
8	Unknown/Not collected

**Special Instructions:** Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9998.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =8 in database and Field 58-Drug Type Code, Primary <> 0101 or 9998	Counted against Completeness Standard

**Update Frequency:** At the time of Intake.

## 60. Route of Administration - Primary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	198	198	No

**Description:** Identifies the usual route of administration of the primary drug.

**Valid Codes:**

1	Oral
2	Smoking
3	Inhalation
4	Injection
8	Unknown/Not collected
9	Other

**Example:** Client A snorts cocaine - Code = 3  
Client B injects cocaine - Code = 4

**Special Instructions:** Required if Field 58 - Drug Type Code, Primary at Admission <> 0101 or 9998.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field = 8 in database and Field 58-Drug Type Code Primary at Admission <> 0101 or 9998	Counted against Completeness Standard

**Update Frequency:** At the time of Intake.

## 61. Age of First Use or Alcohol Intoxication - Primary

Length	Format	From	To	Fatal
1	#	199	200	No

**Description:** For alcohol, this records the age of first alcohol intoxication.  
For all other substances, this identifies the age of first use of the primary substance.

**Valid Codes:**

00	Newborn with substance dependency at birth
01-95	Client age at first use NOTE: if client started after the age of 95, use code 95
98	Unknown/Not collected Note: 96 and 97 are separate codes for TEDS

**Example:** Client A, in alcohol treatment, first drank to intoxication at age sixteen. - Code =16.  
Client B, in drug treatment, began using cocaine at age twenty one. - Code = 21.

**Special Instructions:** Required if Drug Type Code, Field 58 - Primary at Admission <> 0101 or 9998.  
Must be less than or equal to the client's current age

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 98 in database
Possible Error	Field = 00 and Field 58-Drug Type Code, Primary <> 0101 or 9998; Code is greater than the client's current age	Error reported No change to database
Completeness	Field = 98 in database and Field 58-Drug Type Code, Primary <> 0101 or 9998	Counted against Completeness Standard

**Update Frequency:** At the time of Intake.

## 62. Drug Type Code, Secondary at Admission

Length	Format	From	To	Fatal
4	####	201	204	No

**Description:** Identifies the clients secondary substance abuse problem at admission.

**Valid Codes:**

1. See valid detailed drug code table (Appendix C)
2. 9998 – Unknown/Not collected

**Special Instructions:** If applicable, do not leave blank.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 9998 in database
Possible Error:	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database

**Update Frequency:** At the time of Intake.

### 63. Frequency of Use - Secondary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	205	205	No

---

*Description:* Identifies the frequency of use of the secondary drug type at the time of admission to this episode of treatment.

*Valid Codes:* Same as Field 59 - Frequency of Use - Primary at Admission

*Special Instructions:* Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9998.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9998	Counted against Completeness Standard

*Update Frequency:* At the time of Intake.

### 64. Route of Administration - Secondary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	206	206	No

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*Description:* Identifies the usual route of administration of the secondary drug.

*Valid Codes:* Same as Field 60

*Special Instructions:* Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9998.

	Error Condition	Error Action
General Error:	Invalid code	Error reported Field set to 8 in database
Completeness	Field =8 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9998	Counted against Completeness Standard

*Update Frequency:* At the time of Intake.



## 65. Age of First Use or Alcohol Intoxication - Secondary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	#	207	208	No

**Description:** For alcohol, this identifies the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the secondary substance.

**Valid Codes:**

00	Newborn with substance dependency
01-95	Clients age at first use NOTE: if client started after the age of 95, use code 95
98	Unknown/Not collected Note: 96 and 97 are separate codes for TEDS

**Special Instructions:** Required if Field 62 - Drug Type Code Secondary at Admission <> 0101 or 9998. Must be less than or equal to the client's current age

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 98 in database
<i>Possible Error</i>	Field = 00 and Field 62-Drug Type Code, Primary <> 0101 or 9998; Code is greater than the client's current age	Error reported No change to database
<i>Completeness</i>	Field =98 in database and Field 62-Drug Type Code, Secondary<> 0101 or 9998	Counted against Completeness Standard

**Update Frequency:** At the time of Intake.

## 66. Drug Type Code, Tertiary at Admission

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
4	####	209	212	No

**Description:** This identifies the clients tertiary substance abuse problem at admission.

**Valid Codes:**

1. See valid detailed drug code table (Appendix C)
2. 9998 – Unknown/Not collected

**Special Instructions:** If applicable, do not leave blank.

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 9998 in database
<i>Possible Error:</i>	Field is valid drug code but no Substance Abuse Diagnosis present	Error reported No change to database

**Update Frequency:** At the time of Intake.

## 67. Frequency of Use - Tertiary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	213	213	No

*Description:* Identifies the frequency of use of the tertiary drug type at the time of admission to this episode of treatment.

*Valid Codes:* Same as Field 59 - Frequency of Use, Primary at Admission

*Special Instructions:* Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9998.

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field =8 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9998	Counted against Completeness Standard

*Update Frequency:* At the time of Intake.

## 68. Route of Administration - Tertiary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	214	214	No

*Description:* Identifies the usual route of administration of the tertiary drug.

*Valid Codes:* Same as Field 60

*Special Instructions:* Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9998.

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field =8 in database and Field 66-Drug Type Code, Tertiary<> 0101 or 9998	Counted against Completeness Standard

*Update Frequency:* At the time of Intake.

## 69. Age of First Use or Alcohol Intoxication - Tertiary

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
2	#	215	216	No

*Description:* For alcohol, this identified the age of first alcohol intoxication. For all other substances, this identifies the age of first use of the tertiary substance.

*Valid Codes:*

00	Newborn with substance dependency
01-95	Clients age at first use

NOTE: if client started after the age of 95, use code 95

3. Unknown/Not collected

Note: 96 and 97 are separate codes for TEDS

*Special Instructions:* Required if Field 66 - Drug Type Code Tertiary at Admission <> 0101 or 9998. Must be less than or equal to the client's current age

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 98 in database
<i>Possible Error</i>	Field = 00 and Field 66-Drug Type Code, Primary <> 0101 or 9998; Code is greater than client's current age	Error reported No change to database
<i>Completeness</i>	Field =98 in database and Field 66-Drug Type Code, Tertiary <> 0101 or 9998	Counted against Completeness Standard

*Update Frequency:* At the time of Intake.

## 70. Deaf and Hard of Hearing

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	217	217	No

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*Description:* By definition, this population includes clients who are either deaf or hard of hearing.

Deaf: The presence of a significant hearing loss sufficient to make communication by auditory means impractical for daily communication.

Hard of Hearing: The presence of a significant hearing loss which impairs auditory communication, hard of hearing refers to those people who rely on their residual hearing and speech for communication. This distinction between deaf and hard of hearing is not a medical or auditory one but a reflection of communication preference and cultural identity.

*Valid Codes:*

0	No
1	Yes
8	Unknown/Not Collected

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field =8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 71. Acquired or Traumatic Brain Injury

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	218	218	No

**Description:** An acquired or traumatic brain injury is an injury with structural, non-degenerative brain damage. This injury is one that is not hereditary, congenital or degenerative, and it is an injury that occurs after birth. An acquired or traumatic brain injury is not a disease process that results in deterioration of the brain and its function.

Injuries within the scope of this definition may include:

- (a) central nervous system injury from a physical trauma
- (b) central nervous system damage from anoxia or hypoxic episode
- (c) central nervous system damage from an allergic condition, toxic substance or other acute medical incident

The following conditions are NOT considered to be acquired or traumatic brain injuries, for the purposes of this definition:

- (a) spinal cord injuries in which there are no known or obvious injuries to the intracranial central nervous system
- (b) progressive dementia and other mentally impairing conditions of a chronic degenerative nature such as senile dementia, organic brain disorders, Alzheimer's Disease, alcoholism or other addictions
- (c) depression and psychiatric disorders in which there is no known or obvious central nervous system damage
- (d) mental retardation without an etiology to the acquired brain injury
- (e) birth defect related disorders

**Valid Codes:**

0	No
1	Yes
8	Unknown/Not Collected

**Special Instructions:** Screen every applicant.

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field =8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

**Update Frequency:** At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.

## 72. Homeless Indicator (new 2004)

<u>Length</u>	<u>Format</u>	<u>From</u>	<u>To</u>	<u>Fatal</u>
1	#	219	219	No

*Description:*

**A Homeless Person is:**

- A Client who answers YES to the question; "Are you now, or have you been homeless in the past 12 months?"
- One who lacks a fixed, regular or adequate nighttime residence, including anyone who is sleeping on the streets, in temporary hotel facilities, on a riverbank, in an out building, in caves or in a vehicle.
- One who is living in housing that is condemned or in an abandoned building.
- One who has as a primary nighttime residence a publicly or privately operated shelter designed to provide temporary living accommodations. All residents of domestic violence shelters are included. All residents of youth shelters are included except children that are wards of the state.
- One who has as a primary nighttime residence a public or private place not designated as a regular sleeping accommodation, including anyone who is sleeping in a movie theatre, restaurant, office or post office.
- One who is exiting an institution (including prisons, jails, mental health facilities and/or hospitals) and persons who have been evicted or displaced who do not have the financial or family support resources to obtain housing.

*Valid Codes:*

0	No
1	Yes
8	Unknown/Not Collected

*Special Instructions:* Screen every applicant.

	Error Condition	Error Action
<i>General Error:</i>	Invalid code	Error reported Field set to 8 in database
<i>Completeness</i>	Field =8 in database and Field 6 – Client Status Code = 1	Counted against Completeness Standard

*Update Frequency:* At the time of Intake. Must be reviewed annually or whenever there is an indication that the status has changed.